

Tenant Name: _____



**Kauai 2021 Coronavirus Rental and Utility Assistance (CRUA)
Vendor Verification for Financial Assistance Form
Kauai Government Employees Federal Credit Union**

Date: _____

Tenant Full Name: _____

Please check one option below.
 Are you a:
 Landlord

 Property Manager

 Landlords, please also submit your W-9 along with this form.
 W-9 Submitted

Person listed above resides at (unit/house address): _____

Number of adults residing in the address listed above: _____

Homeowner/Landlord – Property Management Name: _____

The tenant’s application is still pending final approval; but, if you are paid the "Owed Amount" partially or in full for the months indicated below, accepting payments means you agree that you:

- 1. Approve of the named tenant’s legal and valid tenancy at the stated residential address.**
- 2. Will not evict on the tenant(s) residing in residence above because of nonpayment of rent for the duration of the housing assistance.**
- 3. Will provide Kauai Government Employees Federal Credit Union with a copy of the following, (if the person listed above is unable to) a copy of a legal written, and signed Lease/Rental Agreement or statement.**
- 4. Will inform Kauai Government Employees Federal Credit Union if you have received payment or expect payment for any of the below months through another entity/assistance program.**

Please indicate rent owed, month and amount, up to 12 months			
Past Due Months	Amount Owed	Past Due Months	Amount Owed

Please indicate up to 3 prospective months	Months	Amount

Tenant Name: _____

Are you working with another entity that helps with financial assistance for the person listed above?

YES NO If yes, please list the entities: _____

Federal Tax Classification. Please check one option below.

<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter tax classification*: *(C = C corporation, S = S Corporation, P = Partnership)

General Excise Tax License Number: _____

TMK Number: _____

Federal Tax ID Number: _____

Check Made Payable to: _____

Address check to be sent to: _____

Phone number to contact regarding the above information: _____

Email address to contact regarding the above information: _____

Print name of person completing this form: _____

"I/We certify that the information given on this form is true and accurate to the best of my/our knowledge. I am/We are aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds. Penalties for falsifying information may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification."

Name of person completing this form: _____

Signature of person completing this form: _____

Date: _____

Note: Please complete this form in its entirety. Completing this form does not guarantee that the client will receive Financial Assistance. Client’s application will be reviewed for eligibility and if approved, monies distributed will be dependent on available funds and guidelines set by the various funding sources.